

Edu-inter - Registration Form 2015 - Teenagers

1

Personal Information

Name: _____ Family Name: _____

Date of Birth (dd/mm/yy): _____ ☐ Male ☐ Female

Nationality: _____

Address / City: _____

Postal Code / Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Agency & Contact

French Level

☐ Beginner ☐ Intermediate ☐ Advanced

Emergency Contact

Name: _____ Family Name: _____ Relationship: _____

Telephone: _____ E-mail: _____

2

Package

Select your Program

Programs offered from June 29th to August 7th, 2015

- | | |
|--|--|
| <input type="checkbox"/> Multi-Activity | <input type="checkbox"/> French + Tennis* |
| <input type="checkbox"/> French + Music* | <input type="checkbox"/> French + Horse riding |
| <input type="checkbox"/> French + Circus | |

Programs offered only from June 29th to July 24th, 2015

- | | |
|---|--|
| <input type="checkbox"/> French + Dramatic arts | <input type="checkbox"/> French + Cooking* |
|---|--|

Programs offered only from July 6th to 17th, 2015

- | | |
|---|--|
| <input type="checkbox"/> French + Arts & Crafts | <input type="checkbox"/> French + Figure skating |
| <input type="checkbox"/> French + Cinema | <input type="checkbox"/> French + Hockey |
| <input type="checkbox"/> French + Soccer | |

* Please complete the additional information on Section 4.

Accommodation

- ☐ Homestay 3 meals/day ☐ Residence 3 meals + 1 snack/day

Arrival date (dd/mm): _____

Departure date (dd/mm): _____

Preferences or restrictions

Allergies to pets: _____

Food allergies or restrictions: _____

- | | |
|---|---|
| <input type="checkbox"/> I can live with smokers | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> I can live with a family with children | <input type="checkbox"/> Gluten-free diet |
| <input type="checkbox"/> I can live with pets | |

Edu-Inter will take your preferences into account. Only restrictions and allergies are guaranteed. Please note that vegan and gluten-free diet followers must be charged an extra \$15 per day.

3 Dates

Start date

☐ 06/29 ☐ 07/06 ☐ 07/13
☐ 07/20 ☐ 07/27 ☐ 08/03

Duration (in weeks)

☐ 1 ☐ 2 ☐ 3
☐ 4 ☐ 5 ☐ 6

Medical Insurance

Arrival date (dd/mm): _____

Departure date (dd/mm): _____

Number of days: _____

Airport Pick-up**

Arrival date (dd/mm): _____

Time: _____ ☐ AM ☐ PM

Airport: _____

Airline: _____

Flying from: _____

Flight number: _____

☐ Driving to Quebec ☐ Unaccompanied minor service required
(Additional \$50 fee)

** 2-way transfer from Montreal: additional \$350.

4 Additional Information

French + Music

1. Indicate the instrument(s) you play with the number of years of experience you have and the number of instruction hours you have received, if any. Place the instruments in order of preference.

Instruments	Years of experience	Hours of instruction	Educational institution/city (or name of private teacher)
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2. Indicate any relevant diploma and the name and location of the educational institution where it was obtained.

3. Indicate the instrument(s) you will have in your possession during your stay in Quebec, if any.

French + Cooking

Do you have any food allergies?

French + Tennis

It is mandatory to bring your own tennis racket. In case it is absolutely impossible for you to bring it, please notify Edu-Inter at least 7 days before your arrival in Québec City so that Edu-Inter can make a rental request to the Académie de tennis Hérisset Bordeleau. If you do not meet this deadline, Edu-Inter does not guarantee that there will be one available.

1. Indicate the number of years of experience you have and the number of instruction hours you have received.

_____ Years _____ Hours

2. Indicate where you have received your training (school, club, etc.)

3. Indicate any relevant diploma and the name and location of the educational institution where it was obtained.

4. Indicate your current level.

Medical Form

First Name: _____

Last Name: _____

Emergency contact:

1. Full name: _____

Phone: _____ Relationship with the student: _____

2. Full name: _____

Phone: _____ Relationship with the student: _____

Indicate if your child suffers from any of the following condition (specify):

☐ Asthma: _____

☐ Epilepsy: _____

☐ Cardiac diseases: _____

☐ Diabetes: _____

☐ Auditory problems: _____

☐ Visual problems: _____

☐ Intellectual problems: _____

☐ Physical problems: _____

☐ Others: _____

Allergies and food intolerance: _____

☐ Foods: _____

☐ Others: _____

☐ Type of reaction: _____

Does your child have a deadly allergy?

☐ Yes ☐ No If yes, specify: _____

If he or she does, does your child carry an epipen?

☐ Yes ☐ No If yes, specify: _____

Does your child take medications?

☐ Yes ☐ No If yes, specify: _____



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Does your child wear glasses or contact lenses?

☐ Yes ☐ No

Does your child have problems of behaviour?

☐ Yes ☐ No

Does your child know how to swim?

☐ Yes ☐ No

Does your child need to wear floaters in the water?

☐ Yes ☐ No

Does your child need to wear ear plugs?

☐ Yes ☐ No

Does your child prefer not doing certain activities?

☐ Yes ☐ No If yes, specify: _____

Please describe your child, including likes and dislikes:

Other information that you would like us to know about your child:



Parental Authorization

1. I understand the registration and payment policies and will honor them as my child attends the summer program at Edu-Inter.
2. I authorize Edu-Inter and its staff to provide all necessary care needed by my child. In the event that Edu-Inter and its staff deem necessary, I authorize my child's transportation, in an ambulance or otherwise, to a hospital. If it is impossible to contact the parents in case of emergency, I authorize the doctor assigned by Edu-Inter and its staff to proceed with all medical interventions and procedures deemed necessary according to the child's condition, including the purchase of prescription medicine at the expense of the parents.
3. I authorize the administration, in case of need, of the proper dose of adrenaline, as prescribed by the doctor assigned by Edu-Inter.
4. I authorize Edu-Inter and its staff to give the following medicines without prescription, according to my child's needs:
 - ☐ Acetaminophen (Tylenol)
 - ☐ Ibuprofen (Advil)
 - ☐ Calamine
 - ☐ Anti-Histamine (Benadryl)
 - ☐ Antiemetic (Gravol)
 - ☐ Antibiotic creme (Polysporin)
5. I authorize Edu-inter to use photos and/or videos of my child for promotional or advertising use. All collected material will remain property of Edu-Inter.

Parent's Signature _____

Date _____

Child's Signature _____

Date _____

